

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212544450						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BNT International Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: F1878919</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000		
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COMMON	10,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 50 BEALE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td> NAME: WILLIAM N DUDLEY JR TITLE: PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD, STE 110 CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	NAME: WILLIAM N DUDLEY JR TITLE: PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD, STE 110 CITY/ST/ZIP/CO: RESTON, VA 20190		
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NAME: ALASDAIR I CATHCART TITLE: SR. VICE PRES ADDRESS: 5275 WETVIEW DR. CITY/ST/ZIP/CO: FREDERICK, MD 21703								

NAME:	PETER A DAWSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	JOHN E FUTCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	3000 POST OAK BLVD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	ANDREW C GREIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	STEVEN R KATZMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	WALKER S KIMBALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	AILIE J MACADAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	C. DAVID WELCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	SURBJIT BHAMRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	MUKUL BHUSHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	JOHN K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		

NAME:	M ANETTE SPARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VP & CONTR		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		
NAME:	GLEN P BROCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, ASST SEC		
ADDRESS:	5275 WESTVIEW DR.		
CITY/ST/ZIP/CO:	FREDERICK, MD 21703		
NAME:	GABRIELLE S HURLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	SHAUN K MESSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O P.H. RESTIVO SAN FRANCISCO, CA 94105-1813		
NAME:	MARY W QUAZZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRES & SEC		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		
NAME:	CLIFTON S RANKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	3000 POST OAK BLVD.		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	CARINA Y OHARA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3000 POST OAK BLVD.		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	ELDYNE S PERROU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		
NAME:	KIMBERLEY C SCHAFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		
NAME:	NELLIE LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		
NAME:	PEGGY H RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. CONTROLLE		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PEGGY HRESTIVO	PEGGY HRESTIVO,	11/19/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.